## **2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000033903

Entity Name: 1011 IMMOKALEE, LLC

**Current Principal Place of Business:** 

1446 SW BALMORAL TRACE LAKE WALES, FL 33898

**Current Mailing Address:** 

**PO BOX 190** 

FROSTPROOF, FL 33843 US

FEI Number: 45-4741699 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 34 - 5TH STREET STUART, FL 34884 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANTHONY GATTI 01/16/2019

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MGRM Title MGRM

Name BACH, CHRISTOPHER D Name BACH, GAIL L

Address 3249 STATE ROAD 60 EAST Address 1446 SW BALMORAL TRACE

City-State-Zip: LAKE WALES FL 33898 City-State-Zip: LAKE WALES FL 33898

Title MGRM

Name BACH, STORY L

Address 1446 SW BALMORAL TRACE
City-State-Zip: LAKE WALES FL 33898

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STORY BACH

Electronic Signature of Signing Authorized Person(s) Detail

MANAGING MEMBER

01/16/2019

FILED Jan 16, 2019

**Secretary of State** 

1627019347CC

Date